

TENNESSEE EMERGENCY COMMUNICATIONS BOARD

EMERGENCY COMMUNICATIONS DISTRICT APPLICATION TO EXTEND RATE INCREASES EXPIRING ON JUNE 30, 2006

Current Board Chair: _____

Board Chair Telephone Number: _____

Current ECD Director: _____

Director Telephone Number: _____

Certified County Population (2000): _____

Tier Level: _____

Information Submitted: (Please attach additional information or pages as needed.)

1. Current rates, date approved by TECB, and date increased revenue was first realized.

Current Rate Residential	Current Rate Business	Date Approved by TECB	Date Increased Revenue Became Available
\$ _____	\$ _____	_____	_____

2. List the reasons for the rate increase as stated in original application.

3. Describe the status of each reason listed above including how the rate increase was applied.

4. Provide the estimated annual amount of additional revenue received for the first year after the rate increase went into effect and for the two subsequent fiscal years after the rate increase went into effect, if applicable.

	FY 200_		FY 200_		FY 200_
\$		\$		\$	

5. State your reasons for requesting an extension to your rate increase.

6. Identify the number of individuals actually employed by your ECD, broken down by function, since the rate increase went into effect.

	FY 200_	# Positions
Director (Full or Part Time)		
Lead Supervisor		
Shift Leader		
Full Time Dispatchers/ Call Takers		
Part Time Dispatchers/ Call Takers		
Other (Addressing Clerk, etc.)		

7. Identify the number of individuals who provide 911 service throughout your ECD service area, differentiating them by the governmental entity that actually pays their salary (round to nearest half of a position, if split):

	City	County	District
Director (Full or Part Time)			
Lead Supervisor			
Shift Leader			
Full Time Dispatchers/ Call Takers			
Part Time Dispatchers/ Call Takers			
Other (i.e., Addressing Clerk)			

Please explain any special arrangements (for example an employee is actually paid by a local government but the ECD provides the money for that employee's salary):

8. Briefly describe your plan of action for continuing your ECD's 911 service if the extension is rejected (that is, a realistic and reasonable contingency plan).

9. List any outstanding debt and obligations by type, amount, month/year purchased, and number of years for payback period.

Debt Owed To:	Debt Owed For:	Amount	Month/Year Purchased	Number of Years

10. Provide the most recent number of customers in your district.

Residential: _____ Business: _____

11. Identify the dollar amount of the support your ECD has received from your local city and county governments in the past two years.

	FY 200__	FY 200__
City Provided Revenue		
County Provided Revenue		

12. Please attach a copy of the financial statements that were presented at your last ECD board of directors meeting.

13. If you are:

- operating consistently with the 5 year plan you submitted to obtain your original rate increase; and
- you are not requesting to extend your rate increase beyond the last date included in your 5 year plan:

Please sign the certification on the last page of this application and fax ((615) 253-2180) or mail the certification to the Board; you may skip question # 14.

(If you are not operating within the financial constraints of your 5 year plan, please complete the 3 year plan provided in question # 14 and do not sign the certification.)

14. Provide projected budgets for the next three years showing sources of revenue and projected expenditures with a net increase or decrease in fund balance for each year.
(Omit this page if you certified your compliance with number 13 above.)

Row			FY 200_	FY 200_	FY 200_
1	Revenues	Emergency Telephone Service Charge			
2		TECB - Shared Wireless			
3		City Government			
4		County Government			
5		Grants			
6		Other Revenue			
7	Add: Rows 1 through 6	Total Revenues			
8					
9	Expenses	Salaries and Wages			
10		Employee Benefits			
11		Contracted Services			
12		Payments to City/County			
13		Lease & Rental			
14		Supplies & Materials			
15		Maintenance & Repairs			
16		Utilities			
17		Insurance			
18		Other Expenses			
19		Depreciation			
20		Capital Expenditures			
21	Add: Rows 9 through 20	Total Expenses			
22					
23	Row 7 minus Row 21	Net Operating Income or (Loss)			
24		Fund Balance from Prior Year			
	Row 23 plus Row 24	Fund Balance Total			

Certification*

_____ County
State of Tennessee

I, _____, on behalf of _____
Emergency Communications District ("ECD"), hereby certify that the ECD is:

- operating consistently with the 5-year plan originally submitted in the rate increase application it used to set the rates the ECD now seeks to extend; and
- not requesting that the increased rates extend beyond the 5 year plan covered in its original application.

Date: _____ *Signed:* _____

Title: _____

*Please fax ((615) 253-2180) or mail (500 James Robertson Pkwy, Nashville, TN 37243) this certification to the Board. Please email the remainder of the application to Don.Johnson@state.tn.us